FORM	RCRA ID	REPORT YEAR
CC	NAME	

Treatment, Storage, and Disposal Facilities (TSD) are required by 329 IAC 3.1-9-1 and 3.1-10-1 to submit the most recent closure cost estimate under 329 IAC 3.1-14-3 and 329 IAC 3.1-15-3 and for disposal facilities, the most recent post closure cost estimate under 329 IAC 3.1-15-5. Please complete the items below and return along with your Hazardous Waste Biennial Report.

<b>Cost Estimate for Facility Closure</b>	
,,,00	
Cost Estimate for Post Closure Monitoring and Maintenance	
,,00	